

King County

Tobacco Prevention & Control

Community
Spring 2010 UPDATE

Public Health
Seattle & King County



In this issue...

Will increased cigarette tax affect low-income Washingtonians most?

Snus: Safe alternative to smoking?

Who regulates what? A look at the regulation of tobacco products

Hope Place partners with TPP and Quitline

Will Increased Cigarette Tax Affect Low-Income Washingtonians Most?

by Paul Zemann

More than half of smokers earn less than \$36,000 per year

As of press time, the Washington State Legislature failed to reach agreement on taxes and spending during the regular legislative session, requiring negotiations to continue into a special session. Facing a nearly \$2.8 billion budget shortfall and to help narrow the budget gap the House and Senate agree that roughly \$800 million needs to be raised through taxes. While the legislature continues to debate on certain points of each tax package proposals, consensus exists on other points; of particular interest, increasing the state cigarette excise tax by \$1.00 per pack or more.

Many Washingtonians fear the tax increase will add to financial pressures many Washingtonians already face. Health advocates, however, believe it is a vital step in decreasing the smoking rate in our state. As Dr. Timothy Gardner, President of the American Heart Association, recently remarked, "Every time that the tax on tobacco goes up, the use of cigarettes goes down."

According to a 2009 Gallup poll, cigarette taxes are three times more likely to negatively impact people with lower incomes; generally



individuals with lower-incomes smoke more than those with higher-incomes. In Washington, 34% of the lowest-income individuals smoke compared with 7% of those who earn \$90,000 or more annually.

While it is undeniable that the new \$1.00 state surtax on cigarettes will impact more low-income Washingtonians (because of their higher smoking rates), they also stand to gain the most from this tax increase.

[Continue reading »](#)



Our email: tobacco.prevention@kingcounty.gov
Our website: www.kingcounty.gov/health/tobacco
Our mailing address: 401 5th Ave Suite 900, Seattle, WA 98104

In this issue...

**Will increased
cigarette tax affect
low-income
Washingtonians
most?**

**Snus: Safe alternative to
smoking?**

**Who regulates what? A
look at the regulation of
tobacco products**

**Hope Place partners with
TPP and Quitline**

(Continued)

In addition to the public health benefits, the tax increase may be what it takes to encourage some smokers to reduce or stop smoking. About 90% of smokers smoke a pack or less per day; for 9 in 10 smokers, the new tax will be an additional cost of no more than \$22 per month. This seems miniscule when compared with the cost of supporting the habit. The current average price for a pack of cigarettes is \$7.12 (for a pack-a-day smoker, that's over \$200 a month!). But, the added cost that this tax increase brings may be the final push some smokers need to kick the habit.

Currently, both the Senate and House bills propose that the revenue generated from the cigarette tax increase will fund essential services and programs. Senate Bill 6874 would provide funding for the Basic Health Plan, which would give over 36,000 low-income Washingtonians access to low-cost health care coverage. House Bill 2493 proposes using the majority of the revenue generated from the tax increase to go into the student achievement fund, expanding access to higher education. Additionally, an amendment to Senate Bill 6444 (Adopting the 2010 Supplemental Operating Budget), which passed in both the House and Senate, restores funding for the

Paul Zemann is a Health Educator in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact him at Paul.Zemann@kingcounty.gov or (206) 296-7613.

state's tobacco program. Restored funding will allow tobacco programs to continue extremely successful programs and services in decreasing tobacco consumption, including free tobacco cessation support.

While it seems clear that an increase in the tax on a pack of cigarettes will have a disproportionately heavy financial impact on lower-income Washingtonians, they also have the most to gain from stopping tobacco use. Many people with low-incomes want to stop smoking; they need to stop and they can stop, but historically they have had less access to treatment services and support. Trends in tobacco control are supportive of programs and services for the lowest income residents in Washington state. Clearly the increase in cost of cigarettes, with increased services for all Washingtonians, could also help many break the chain of addiction.

In this issue...

Will increased cigarette tax affect low-income Washingtonians most?

Snus: Safe alternative to smoking?

Who regulates what? A look at the regulation of tobacco products

Hope Place partners with TPP and Quitline

Snus: Safe alternative to smoking?

by Molly Ryan

Over the past decade, successful tobacco control efforts have forced Big Tobacco to change how they do business. Smoking restrictions have increased and sales of cigarettes continue to decline across the U.S.

Cigarette companies have had to look elsewhere for new marketing possibilities and found inspiration in a Swedish smokeless and spitless tobacco product called "Snus."

WHAT EXACTLY IS "SNUS"?

Literally meaning "smokeless tobacco" in Sweden, Snus is a form of finely ground tobacco, often flavored, and sold in small tea-bag like pouches. Unlike other forms of moist snuff, Snus does not require spitting because it is placed between the upper lip and gum during use, where little saliva is produced.



Snus tobacco is manufactured using a unique process that results in significantly lower levels of toxins and carcinogens compared to other tobacco products. Because of the relatively low levels of carcinogens, Snus is considered less harmful than cigarettes and other smokeless tobacco products. However Snus is by no means harmless – users are at an increased risk for cancers of the oral cavity and larynx, oral lesions, pancreatic cancer, cardiovascular disease and nicotine addiction.

THE GREAT DEBATE

Since Snus first appeared in the U.S. in 2007, debate emerged about whether it should be promoted for smokers who cannot or will not quit to switch to a "less harmful" tobacco product. Supporters of this approach reference Sweden's experience as evidence of Snus as a viable tool to decrease smoking-related adverse health outcomes.

Although moist snuff has been in Sweden for hundreds of years, Snus was first introduced in the 1980s as a "tobacco-derived nicotine replacement product." It has since become an acceptable and attractive alternative to cigarettes and has been credited for Sweden's dramatic decreases in smoking rates over the past several decades. Men in Sweden experienced a 25% reduction in daily smoking rates between 1976 and 2002. The reduction is often attributed to widespread use of Snus among men – about 20% of the entire Swedish male population use Snus and 30% of male former smokers reported using Snus to quit smoking.

While the Swedish experience offers compelling evidence of a positive impact at the population level, opponents of the Snus debate argue that the experience in America will be much different. In Sweden, Snus is a highly regulated product, subject to tight controls during the manufacturing, shipping and storing processes. Manufacturers have to follow quality standards which set the maximum allowable level of certain ingredients, like tobacco-specific nitrosamines (TSNAs) , considered the most dangerous

Molly Ryan is a Policy and Marketing Specialist in the Tobacco Prevention Program at Public Health – Seattle & King County. For more information, contact her at Molly.Ryan@kingcounty.gov or (206) 296-7613.

	TSNAs (ug/g)	Free nicotine (mg/g)
Marlboro Snus		
Rich	1.98	1.08
Mild	1.98	.350
Spice	2.06	1.13
Mint	3.72	.701
Camel Snus		
Original	1.73	6.09
Spice	1.75	9.16

carcinogens commonly found in tobacco products. Because of this regulation, consumers in Sweden know exactly how products are manufactured and what ingredients were used.

In the United States, regulations on tobacco products are not as strong. Tobacco giants, like Philip Morris (PM) and R.J. Reynolds (RJR), have vigorously fought all efforts to increase regulation on their products or require product information disclosure.

Frost	1.68	6.40
Skoal Dry		
Regular	4.41	1.57
Cinnamon	6.19	.751
Menthol	3.01	1.51

AMERICA ISN'T SWEDEN

Since PM and RJR are not required to disclose product information, laboratory analysis is necessary to determine the content of their products. Of particular interest to researchers are the levels of TSNA and nicotine (which signifies a product's addictive potential). Comparing the American products to the Swedish ones, the average amount of TSNA's are comparable, but the average level of nicotine in the American products is significantly lower than Swedish Snus. While these data may appear promising, a closer examination shows an alarming degree of variation among the American products, even within the same brand (see table 1).

The low levels of nicotine are of interest to researchers, who are trying to figure out why the levels are so low in the Marlboro and Skoal brands. One emerging theory is that the low nicotine levels (and the accompanying marketing strategies) make them more effective as a "gateway product," a way to get young people to start using the products, who eventually will graduate onto products with higher nicotine content to satisfy their addiction.

The relatively high nicotine levels in the Camel products mirror those of Swedish brands, which deliver about the same amount of nicotine as a cigarette. Researchers are equally interested in this finding because Camel heavily markets and promotes dual use of their products, encouraging smokers to use Snus when they cannot smoke. This differs from Sweden where Snus is used as a permanent replacement for cigarettes. Either way, American tobacco companies are using Snus to recruit new customers and to keep

existing ones using their more harmful products.

ONE FOR THE HISTORY BOOKS

Many tobacco control experts in the U.S. recognize that switching from cigarettes to Snus reduces individual risk, but they are unconvinced of the potential of great impact at the population level. This cynicism is rooted in Big Tobacco's long history of being misleading and even deceitful. Given the history of these companies and their primary profit motive, it would be naïve to believe that RJR and PM are introducing these products to help people stop smoking.

The potential for snus to undermine current effective tobacco control efforts by legitimizing the tobacco industry, attracting new users, and keeping existing tobacco users from quitting must be carefully addressed before snus should be used in harm reduction.

In this issue...

Will increased cigarette tax affect low-income Washingtonians most?

Snus: Safe alternative to smoking?

Who regulates what? A look at the regulation of tobacco products

Hope Place partners with TPP and Quitline

Who regulates what? A look at the regulation of tobacco products

by Molly Ryan

Product Category	Product(s) (Manufacturer, if available)	Currently on the market?	Currently regulated?	Regulation details
Non-Tobacco Products	Nicotine Water (S.F. Garret)	No	Yes, FFDCA	July 2002: FDA found it to be an unapproved drug under the FFDCA
	Nicotine Lollipops Nicotine Lip Balm	No	Yes, FFDCA	April 2002: FDA determined products were "drugs" because they were promoted as smoking cessation aids
	e-cigarettes (various brands)	Yes	No	Jan. 2010: a Federal Judge rules that e-cigarettes are not regulated under FFDCA because they are not marketed as an aid to quit smoking. Because they do not contain tobacco, they will not be regulated under the FSTPCA.
Nicotine Replacement Therapies (NRT)	Nicotine gum, Nicotine patch (various brands)	Yes	Yes, FFDCA	Prior to 1996, only available by prescription, but FDA approved the switch to over-the-counter (OTC) status.

Molly Ryan is a Policy and Marketing Specialist in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact her at Molly.Ryan@kingcounty.gov or (206) 296-7613.

	Nicotrel inhaler Nicotine nasal spray	Yes	Yes, FFDCA	1997: FDA approves these new products, classifying them as "stop-smoking aids" available by prescription only
	Commit lozenges (GlaxoSmithKline)	Yes	Yes, FFDCA	Oct. 2002: FDA approves as a new OTC "stop smoking aid"
Dissolvable Tobacco Products	Ariva "cigaletts," Stonewall Hard Snuff (Star Scientific)	Yes	No	These products will be regulated under FSTPCA. Per section 907(f), manufacturers of dissolvable tobacco products must submit a detailed report on the nature and impact of use of their products on public health. By 10/1/10, TPSAC will make recommendations on future action.
	Camel Orbs, Camel Strips, Camel Sticks (R.J. Reynolds)	Not in WA	No	
Cigarettes, Cigars, & Smokeless Tobacco (ST)	Flavored cigarettes	No, except Menthol	Yes, FFDCA	Sep. 2009: cigarettes are restricted from containing any "characterizing flavors," with the exception of menthol.
	Flavored cigars, little cigars, smokeless tobacco, or other tobacco products	Yes	No	No pending legislation to regulate these products.

GLOSSARY OF TERMS

FFDCA = FDA's Federal Food, Drug, and Cosmetic Act which requires that any drugs, drug delivery device, or food products must be approved by the FDA.

FSTPCA = FDA's Family Smoking Prevention and Tobacco Control Act of 2009 which grants the FDA regulatory authority over most tobacco products.

TPSAC = Tobacco Products Scientific Advisory Committee.

In this issue...

Will increased cigarette tax affect low-income Washingtonians most?

Snus: Safe alternative to smoking?

Who regulates what? A look at the regulation of tobacco products

Hope Place partners with TPP and Quitline

Union Gospel Mission's Hope Place partners with the Tobacco Prevention Program and the Quitline for a successful support team!

by Norilyn de la Pena

The Union Gospel Mission (UGM) has been a part of the Community Cessation Partnership for a number of years. With impending policy change mandates from state and local government agencies on the horizon, UGM and other shelters have been in more frequent contact with the Tobacco Prevention Program (TPP) seeking policy

Norilyn de la Pena is the Cessation Manager in the Tobacco Prevention Program at Public Health — Seattle & King County. For more information, contact her at Norilyn.deLaPena@kingcounty.gov or (206) 296-7613.

and cessation support for their clients/guests. The UGM has asked us to include an overview policy change as part of our normal Brief Tobacco Intervention Skills (BTIS) trainings at all Seattle sites, one of which (Hope Place) already has a 100% tobacco free policy (residents are not allowed to smoke on or off-site and are tested if tobacco use is suspected).



The UGM staff has a strong desire to implement a variety of tobacco policies. The discussion around the possibility of DBHR imposed policy has actually opened the door for movement towards smoke-free policy. The UGM has taken the tobacco policy discussion to site managers and appears to be moving forward on many levels.

One location in particular, Hope Place (an all women's shelter) is one such site in transition.

With the help of site champ Debbie Reed, Hope Place has participated in a number of BTIS trainings and has recently started smoking awareness and cessation groups. Debbie leads the women through an educational program followed by a cessation group. The cessation group quits together on the same day, and all participants are offered NRT (patch).

Another important player supporting the women at Hope Place is the WA Tobacco Quitline. The TPP supplies qualifying partners and clinics with NRT. We strongly promote the Quitline as a first way to obtain the NRT and access Medicaid and other services. Hope Place is encouraging their clients to use Quitline services. . To support their recovery from nicotine addiction, the women at Hope Place are receiving Behavioral Change counseling and guidance, the group intervention and support, and are accessing the Quitline services.

Currently, Hope Place has 25 women enrolled in their smoking awareness/cessation groups!

The ultimate goal for Hope Place is to have all the women 100% smoke free; to offer support for current and new residents to quit, and to adopt a 100% tobacco free policy later this year.

Our partnership work with the Union Gospel Mission is unprecedented and extremely exciting!